

State of Washington

Department of Retirement Systems

Member Information Form

For plan, contribution rate and investment program selection

Return completed form to your employer

New PERS members*

Choosing Plan 2 - Complete Sections 1 and 2A

Choosing Plan 3 - Complete Sections 1, 2A, 3 and 4

PERS, SERS or TRS members transferring from Plan 2 to Plan 3

Complete Sections 1, 2B, 3 and 4

New SERS, TRS or returning Plan 3 members

Complete Sections 1, 3 and 4 and submit to your employer within 90 calendar days of your date of hire

Check One:

☐ PERS = Public Employees' Retirement System

☐ SERS = School Employees' Retirement System

☐ TRS = Teachers' Retirement System

Section 1: Personal Data - To Be Completed by All Members

____-____-____
Social Security Number (See back of form)

Last Name

First Name

Middle Name

Maiden Name

Section 2: Retirement Plan Selection

Complete either A or B below.

A) To be completed by new PERS members.*

Choose One:

☐ PERS Plan 2

☐ PERS Plan 3
(requires completing Sections 3 and 4 on back)

I certify that I have chosen the retirement plan marked above.
I understand that my retirement plan selection is **irrevocable**.

Member Signature (required)

Date

Please sign and date this form on the day that you **submit it to your employer**. Note: You will be assigned to Plan 3 if your employer has not received your plan selection within 90 calendar days from your date of hire.

**New PERS member - Anyone who first becomes employed in an eligible position on or after March 1, 2002, at a higher education or state agency employer; or who first becomes employed in an eligible position on or after September 1, 2002, at a local government employer.*

B) To be completed by any Plan 2 member eligible to transfer to Plan 3.

I certify that I have chosen to transfer from Plan 2 to Plan 3. I understand that my selection of Plan 3 is **irrevocable**. I have provided the information requested in Sections 3 and 4 on the back of this form.

Member Signature (required)

Date

Please sign and date this form on the day that you **submit it to your employer**.

Continued on back

Section 3: Selection of Contribution Rate - To Be Completed by All Plan 3 Members

Place a check mark in the box next to the contribution rate option you choose:

- ☐ **Option A:** 5 percent of pay at all ages
- ☐ **Option B:** 5 percent of pay until age 35; 6 percent from age 35 until 45; and 7.5 percent from age 45 and above
- ☐ **Option C:** 6 percent of pay until age 35; 7.5 percent from age 35 until 45; and 8.5 percent from age 45 and above
- ☐ **Option D:** 7 percent of pay at all ages
- ☐ **Option E:** 10 percent of pay at all ages
- ☐ **Option F:** 15 percent of pay at all ages

Once selected, a contribution rate cannot be changed as long as the member remains with the same employer. If a rate option is not selected, your employer must report Option A.

Member Signature (required)

Date

Section 4: Selection of Investment Program - To Be Completed by All Plan 3 Members

Place a check mark in the box next to the investment program you choose:

- ☐ **Washington State Investment Board (WSIB) Investment Program.**
- ☐ **Self-Directed Investment Program.** Call 1-888-711-8773 or go online at <http://www.icmarc.org/plan3> to set up your investment allocation.

You can obtain information about both investment programs by contacting ICMA-RC toll-free at 1-888-711-8773. If you do not choose a program, your contributions will be reported into WSIB.

Member Signature (required)

Date

Return completed form to your employer.

Section 5: To Be Completed by Employer

Print or type employer name and mailing address below:

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Reporting Group

Employers:

Mail the original of this document to DRS only if Section 2 was required.

Department of Retirement Systems
P.O. Box 48380
Olympia, WA 98504-8380
Toll Free: 1-800-547-6657
Local: 360-664-7000

Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS and its third-party record keeper is mandatory.
- DRS and its third-party record keeper will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS and its third-party record keeper will not disclose your Social Security Number to any party unless required by law.